

APPENDIX D


2011 VA TRI Reporting Forms

(IMPORTANT: Read instructions before completing form; type or use fill-and-print form) Approval

Form Approved OMB Number: 2025-0009

Expires: 10/31/2014

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| | | | | | |
|--|--|--|--|--|--|
|  EPA United States Environmental Protection Agency | | FORM R Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also Known as Title III of the Superfund Amendments and Reauthorization Act | | TRI Facility ID Number <input style="width: 100%;" type="text"/> | |
| WHERE TO SEND COMPLETED FORMS: | | 1. TRI Data Processing Center P. O. Box 10163 Fairfax, VA 22038 | | 2. APPROPRIATE STATE OFFICE (See instructions in Appendix E) | |
| This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank. | | Revision (Enter up to two code(s)) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | | Withdrawal (Enter up to two code(s)) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | |
| IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked. | | | | | |
| PART I. FACILITY IDENTIFICATION INFORMATION | | | | | |
| SECTION 1. REPORTING YEAR <input style="width: 40px;" type="text"/> | | | | | |
| SECTION 2. TRADE SECRET INFORMATION | | | | | |
| 2.1 Are you claiming the toxic chemical identified on page 2 as a trade secret? <input type="checkbox"/> Yes Yes (Answer question 2.2; attach substantiation forms) | | <input type="checkbox"/> No (Do not answer 2.2; go to Section 3) | | 2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "Yes" in 2.1) | |
| SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.) I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report. | | | | | |
| Name and official title of owner/operator or senior management official: | | | | Signature: | |
| <input style="width: 100%;" type="text"/> | | | | Date signed: <input style="width: 100%;" type="text"/> | |
| SECTION 4. FACILITY IDENTIFICATION | | | | | |
| Facility or Establishment Name | | TRI Facility ID Number | | | |
| <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> | | | |
| 4.1 Physical Street Address | | Mailing Address (if different from physical street address) | | | |
| <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> | | | |
| City/County/State/ZIP Code | | City/State/ZIP Code | | Country (Non-US) | |
| <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> | |
| 4.2 This report contains information for: (Important: Check a or b; check c or d if applicable) | | | | | |
| a. <input type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility c. <input type="checkbox"/> A federal facility d. <input type="checkbox"/> GOCO | | | | | |
| 4.3 Technical Contact Name | | <input style="width: 100%;" type="text"/> | | Telephone Number (include area code) | |
| <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> | |
| 4.4 Public Contact Name | | <input style="width: 100%;" type="text"/> | | Telephone Number (include area code) | |
| <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> | |
| 4.5 NAICS Code(s) (6 digits) | | Primary a. <input style="width: 20px;" type="text"/> b. <input style="width: 20px;" type="text"/> c. <input style="width: 20px;" type="text"/> d. <input style="width: 20px;" type="text"/> e. <input style="width: 20px;" type="text"/> f. <input style="width: 20px;" type="text"/> | | | |
| 4.6 Dun & Bradstreet Number(s) (9 digits) | | a. <input style="width: 20px;" type="text"/> b. <input style="width: 20px;" type="text"/> | | | |
| <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> | | | |
| SECTION 5. Parent Company Information | | | | | |
| 5.1 Name of U.S. Parent Company (for TRI Reporting purposes) | | <input style="width: 100%;" type="text"/> | | No U.S. Parent Company <input type="checkbox"/> (for TRI Reporting purposes) | |
| 5.2 Parent Company's Dun & Bradstreet Number | | NA <input type="checkbox"/> <input style="width: 20px;" type="text"/> | | <input style="width: 100%;" type="text"/> | |
| <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> | |

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| | | |
|---|--|---|
| FORM R | | TRI Facility ID Number |
| Part II. CHEMICAL-SPECIFIC INFORMATION | | Toxic Chemical, Category, or Generic Name |

SECTION 1. TOXIC CHEMICAL IDENTITY
(Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

1.3 Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

| | | |
|--|---|--|
| 3.1 Manufacture the toxic chemical: | 3.2 Process the toxic chemical: | 3.3 Otherwise use the toxic chemical: |
| a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If Produce or Import c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity | a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity | a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use |

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 (Enter two digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

| | A. Total Release (pounds/year*) (Enter a range code** or estimate) | B. Basis of Estimate (Enter code) | C. Percent from Stormwater |
|---|---|--------------------------------------|----------------------------|
| 5.1 Fugitive or non-point air emissions | NA <input type="checkbox"/> | | |
| 5.2 Stack or point air emissions | NA <input type="checkbox"/> | | |
| 5.3 Discharges to receiving streams or water bodies (Enter one name per box) | NA <input type="checkbox"/> | | |
| Stream or Water Body Name | | | |
| 5.3.1 | | | |
| 5.3.2 | | | |
| 5.3.3 | | | |

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (Example: 1, 2, 3, etc.)

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*For Dioxin or Dioxin-like compounds, report in grams/year.
**Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

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| FORM R | | | | TRI Facility ID Number | |
|--|---|--------------------------|---|---|--|
| Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED) | | | | Toxic Chemical, Category, or Generic Name | |
| SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (continued) | | | | | |
| | | NA | A. Total Release (pounds/year*) (Enter a range code** or estimate) | B. Basis of Estimate (Enter code) | |
| 5.4.1 | Underground Injection on-site to Class I Wells | <input type="checkbox"/> | | | |
| 5.4.2 | Underground Injection on-site to Class II-V Wells | <input type="checkbox"/> | | | |
| 5.5 | Disposal to land on-site | | | | |
| 5.5.1A | RCRA Subtitle C landfills | <input type="checkbox"/> | | | |
| 5.5.1B | Other landfills | <input type="checkbox"/> | | | |
| 5.5.2 | Land treatment/application farming | <input type="checkbox"/> | | | |
| 5.5.3A | RCRA Subtitle C surface impoundments | <input type="checkbox"/> | | | |
| 5.5.3B | Other surface impoundments | <input type="checkbox"/> | | | |
| 5.5.4 | Other disposal | <input type="checkbox"/> | | | |
| SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS | | | | | |
| 6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW's) | | | NA <input type="checkbox"/> | | |
| 6.1. POTW Name | | | | | |
| POTW Address | | | | | |
| City | County | State | ZIP | | |
| A. Quantity Transferred to this POTW (pounds/year*) (Enter range code** or estimate) | | | B. Basis of Estimate (Enter code) | | |
| | | | | | |
| If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box | | | | | |
| and indicate the Part II, Section 6.1 page number in this box (Example: 1, 2, 3, etc.) | | | | | |
| SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS | | | NA <input type="checkbox"/> | | |
| 6.2. Off-Site EPA Identification Number (RCRA ID No.) | | | | | |
| Off-Site Location Name: | | | | | |
| Off-Site Address: | | | | | |
| City | County | State | ZIP | Country (non-US) | |
| Is this location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

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| FORM R | | | | | | TRI Facility ID Number | |
|---|--|---|--|---|--|--|--|
| Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED) | | | | | | Toxic Chemical, Category, or Generic Name | |
| SECTION 6.2. TRANSFERS TO OTHER OFF-SITE LOCATION (CONTINUED) | | | | | | | |
| A. Total Transfer (pounds/year*) (Enter a range code** or estimate) | | B. Basis of Estimate (Enter code) | | C. Type of Waste Treatment/Disposal/Recycling/Energy Recovery (Enter code) | | | |
| 1. <input style="width: 100%;" type="text"/> | | 1. <input style="width: 100%;" type="text"/> | | 1. M <input style="width: 100%;" type="text"/> | | | |
| 2. <input style="width: 100%;" type="text"/> | | 2. <input style="width: 100%;" type="text"/> | | 2. M <input style="width: 100%;" type="text"/> | | | |
| 3. <input style="width: 100%;" type="text"/> | | 3. <input style="width: 100%;" type="text"/> | | 3. M <input style="width: 100%;" type="text"/> | | | |
| 4. <input style="width: 100%;" type="text"/> | | 4. <input style="width: 100%;" type="text"/> | | 4. M <input style="width: 100%;" type="text"/> | | | |
| 6.2. <input style="width: 100%;" type="text"/> Off-Site EPA Identification Number (RCRA ID No.) | | | | | | | |
| Off-Site Location Name: <input style="width: 100%;" type="text"/> | | | | | | | |
| Off-Site Address: <input style="width: 100%;" type="text"/> | | | | | | | |
| City <input style="width: 100%;" type="text"/> | | County <input style="width: 100%;" type="text"/> | | State <input style="width: 100%;" type="text"/> | | ZIP <input style="width: 100%;" type="text"/> | |
| | | | | | | Country (non-US) <input style="width: 100%;" type="text"/> | |
| Is this location under control of reporting facility or parent company? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| A. Total Transfer (pounds/year*) (Enter a range code** or estimate) | | B. Basis of Estimate (Enter code) | | C. Type of Waste Treatment/Disposal/Recycling/Energy Recovery (Enter code) | | | |
| 1. <input style="width: 100%;" type="text"/> | | 1. <input style="width: 100%;" type="text"/> | | 1. M <input style="width: 100%;" type="text"/> | | | |
| 2. <input style="width: 100%;" type="text"/> | | 2. <input style="width: 100%;" type="text"/> | | 2. M <input style="width: 100%;" type="text"/> | | | |
| 3. <input style="width: 100%;" type="text"/> | | 3. <input style="width: 100%;" type="text"/> | | 3. M <input style="width: 100%;" type="text"/> | | | |
| 4. <input style="width: 100%;" type="text"/> | | 4. <input style="width: 100%;" type="text"/> | | 4. M <input style="width: 100%;" type="text"/> | | | |
| SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY | | | | | | | |
| <input type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment method is applied to any waste stream containing the toxic chemical or chemical category. | | | | | | | |
| a. General Waste Stream (Enter code) | | b. Waste Treatment Method(s) Sequence (Enter 3- or 4-character code(s)) | | | | c. Waste Treatment Efficiency (Enter 2 character code) | |
| 7A.1a <input style="width: 100%;" type="text"/> | | 7A.1b <input style="width: 100%;" type="text"/> | | 1 <input style="width: 100%;" type="text"/> | | 2 <input style="width: 100%;" type="text"/> | |
| | | 3 <input style="width: 100%;" type="text"/> | | 4 <input style="width: 100%;" type="text"/> | | 5 <input style="width: 100%;" type="text"/> | |
| | | 6 <input style="width: 100%;" type="text"/> | | 7 <input style="width: 100%;" type="text"/> | | 8 <input style="width: 100%;" type="text"/> | |
| 7A.2a <input style="width: 100%;" type="text"/> | | 7A.2b <input style="width: 100%;" type="text"/> | | 1 <input style="width: 100%;" type="text"/> | | 2 <input style="width: 100%;" type="text"/> | |
| | | 3 <input style="width: 100%;" type="text"/> | | 4 <input style="width: 100%;" type="text"/> | | 5 <input style="width: 100%;" type="text"/> | |
| | | 6 <input style="width: 100%;" type="text"/> | | 7 <input style="width: 100%;" type="text"/> | | 8 <input style="width: 100%;" type="text"/> | |
| 7A.3a <input style="width: 100%;" type="text"/> | | 7A.3b <input style="width: 100%;" type="text"/> | | 1 <input style="width: 100%;" type="text"/> | | 2 <input style="width: 100%;" type="text"/> | |
| | | 3 <input style="width: 100%;" type="text"/> | | 4 <input style="width: 100%;" type="text"/> | | 5 <input style="width: 100%;" type="text"/> | |
| | | 6 <input style="width: 100%;" type="text"/> | | 7 <input style="width: 100%;" type="text"/> | | 8 <input style="width: 100%;" type="text"/> | |
| 7A.4a <input style="width: 100%;" type="text"/> | | 7A.4b <input style="width: 100%;" type="text"/> | | 1 <input style="width: 100%;" type="text"/> | | 2 <input style="width: 100%;" type="text"/> | |
| | | 3 <input style="width: 100%;" type="text"/> | | 4 <input style="width: 100%;" type="text"/> | | 5 <input style="width: 100%;" type="text"/> | |
| | | 6 <input style="width: 100%;" type="text"/> | | 7 <input style="width: 100%;" type="text"/> | | 8 <input style="width: 100%;" type="text"/> | |
| 7A.5a <input style="width: 100%;" type="text"/> | | 7A.5b <input style="width: 100%;" type="text"/> | | 1 <input style="width: 100%;" type="text"/> | | 2 <input style="width: 100%;" type="text"/> | |
| | | 3 <input style="width: 100%;" type="text"/> | | 4 <input style="width: 100%;" type="text"/> | | 5 <input style="width: 100%;" type="text"/> | |
| | | 6 <input style="width: 100%;" type="text"/> | | 7 <input style="width: 100%;" type="text"/> | | 8 <input style="width: 100%;" type="text"/> | |
| If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this <input style="width: 100%;" type="text"/> box and indicate the Part II, Section 6.2/7A page number in this box. <input style="width: 100%;" type="text"/> (Example: 1, 2, 3, etc.) | | | | | | | |

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**Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

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| FORM R | | TRI Facility ID Number | |
|--|---|--|--|
| Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED) | | Toxic Chemical, Category, or Generic Name | |
| SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES | | | |
| <input type="checkbox"/> NA Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category. | | | |
| Energy Recovery Methods (Enter 3-character code(s)) | | | |
| 1 | 2 | 3 | |
| SECTION 7C. ON-SITE RECYCLING PROCESSES | | | |
| <input type="checkbox"/> NA Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category. | | | |
| Recycling Methods (Enter 3-character code(s)) | | | |
| 1. | 2. | 3. | |
| SECTION 8. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND RECYCLING ACTIVITIES | | | |
| | Column A Prior Year (pounds/year*) | Column B Current Reporting Year (pounds/year*) | Column C Following Year (pounds/year*) |
| 8.1 | | | |
| 8.1a | Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills | | |
| 8.1b | Total other on-site disposal or other releases | | |
| 8.1c | Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills | | |
| 8.1d | Total other off-site disposal or other releases | | |
| 8.2 | Quantity used for energy recovery on-site | | |
| 8.3 | Quantity used for energy recovery off-site | | |
| 8.4 | Quantity recycled on-site | | |
| 8.5 | Quantity recycled off-site | | |
| 8.6 | Quantity treated on-site | | |
| 8.7 | Quantity treated off-site | | |
| 8.8 | Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year*) | | |
| 8.9 | Production ratio or activity index | | |
| 8.10 | Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? | | |
| If so, complete the following section; if not, check NA. <input type="checkbox"/> NA | | | |
| | Source Reduction Activities (Enter code(s)) | Methods to Identify Activity (Enter code(s)) | |
| 8.10.1 | a. | b. | c. |
| 8.10.2 | a. | b. | c. |
| 8.10.3 | a. | b. | c. |
| 8.10.4 | a. | b. | c. |

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| FORM R | | TRI Facility ID Number |
|---|---|---|
| Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED) | | |
| | | Toxic Chemical, Category, or Generic Name |
| SECTION 8.11. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND RECYCLING ACTIVITIES | | |
| 8.11 | If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here. | |
| | | |
| SECTION 9. MISCELLANEOUS INFORMATION | | |
| 9.1 | If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here. | |
| | | |

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EPA **FORM R Schedule 1** TRI Facility ID Number

United States Environmental Protection Agency

PART II. CHEMICAL-SPECIFIC INFORMATION (continued)

SECTION 5. QUANTITY OF DIOXIN AND DIOXIN-LIKE COMPOUNDS ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

| | 5.1 | NA | 5.2 | NA | 5.3 | Discharges to receiving streams or water bodies (Enter data for one stream or water body per box) NA | | |
|---|-----|----|-----|----|-----|---|-------|-------|
| | | | | | | 5.3.1 | 5.3.2 | 5.3.3 |
| D. Mass (grams) of each compound in the category (1-17) | 1 | | | | | | | |
| | 2 | | | | | | | |
| | 3 | | | | | | | |
| | 4 | | | | | | | |
| | 5 | | | | | | | |
| | 6 | | | | | | | |
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| | 14 | | | | | | | |
| | 15 | | | | | | | |
| | 16 | | | | | | | |
| | 17 | | | | | | | |

If additional pages of Section 5.3 are attached, indicate the total number of pages in this box

and indicate the Section 5.3 page number in this box (Example: 1, 2, 3, etc.)

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| FORM R Schedule 1 | | | | | | | | | | | | | | TRI Facility ID Number | | | |
|--|----|--|----|---|----|------------------------------|----|-----------------|----|------------------------------------|----|--------------------------------------|----|----------------------------|----|----------------|----|
| PART II. CHEMICAL-SPECIFIC INFORMATION (continued) | | | | | | | | | | | | | | | | | |
| SECTION 5. QUANTITY OF DIOXIN AND DIOXIN-LIKE COMPOUNDS ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE | | | | | | | | | | | | | | | | | |
| | | Underground Injection | | | | 5.5 Disposal to land on-site | | | | | | | | | | | |
| | | 5.4.1 | NA | 5.4.2 | NA | 5.5.1.A | NA | 5.5.1.B | NA | 5.5.2 | NA | 5.5.3A | NA | 5.5.3B | NA | 5.5.4 | NA |
| | | Underground Injection on-site to Class I Wells | | Underground Injection on-site to Class II-V Wells | | RCRA Subtitle C landfills | | Other landfills | | Land treatment/application farming | | RCRA Subtitle C surface impoundments | | Other surface impoundments | | Other disposal | |
| C. Mass (grams) of each compound in the category (1-17) | 1 | | | | | | | | | | | | | | | | |
| | 2 | | | | | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | | | | | | |
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| | 7 | | | | | | | | | | | | | | | | |
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| | 11 | | | | | | | | | | | | | | | | |
| | 12 | | | | | | | | | | | | | | | | |
| | 13 | | | | | | | | | | | | | | | | |
| | 14 | | | | | | | | | | | | | | | | |
| | 15 | | | | | | | | | | | | | | | | |
| | 16 | | | | | | | | | | | | | | | | |
| | 17 | | | | | | | | | | | | | | | | |

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|--|----|---|----|----|----|----|----|----|----|----|----|--|----|---|----|--------------------------|----|----|
| FORM R Schedule 1 PART II. CHEMICAL-SPECIFIC INFORMATION (continued) | | | | | | | | | | | | TRI Facility ID Number <div style="border: 1px solid black; height: 15px; width: 100%;"></div> | | | | | | |
| SECTION 6. TRANSFERS OF DIOXIN AND DIOXIN-LIKE COMPOUNDS IN WASTES TO OFF-SITE LOCATIONS | | | | | | | | | | | | | | | | | | |
| 6.1. DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA | | | | | | | | | | | | <div style="border: 1px solid black; width: 20px; height: 15px; background-color: #add8e6;"></div> | | | | | | |
| 6.1. | | C. Mass (grams) of Each Compound in the Category (1-17) | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS NA | | | | | | | | | | | | <div style="border: 1px solid black; width: 20px; height: 15px; background-color: #add8e6;"></div> | | | | | | |
| 6.2. | | D. Mass (grams) of each compound in the category (1-17) | | | | | | | | | | | | | | | | |
| 1. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 2. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 3. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 4. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 6.2. | | D. Mass (grams) of each compound in the category (1-17) | | | | | | | | | | | | | | | | |
| 1. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 2. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 3. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 4. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| If additional pages of Section 6.1 or 6.2 are attached, indicate the total number of pages in this box | | | | | | | | | | | | | | <div style="border: 1px solid black; width: 40px; height: 15px;"></div> | | | | |
| and indicate the Section 6.1 or 6.2 page number in this box | | | | | | | | | | | | | | <div style="border: 1px solid black; width: 40px; height: 15px;"></div> | | (Example: 1, 2, 3, etc.) | | |

EPA Form 9350-3

(IMPORTANT: Read instructions before completing form; type or use fill-and-print form)


Form Approved OMB Number: 2025-0009
Approval Expires: 10/31/2014

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| FORM R Schedule 1 | | | | | | | | | | | TRI Facility ID Number |
|--|---|--|--|---|---|--|---------------------------|----------------------------|--------------------------|---------------------------|--|
| PART II. CHEMICAL-SPECIFIC INFORMATION | | | | | | | | | | | |
| (continued) | | | | | | | | | | | |
| SECTION 8. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND RECYCLING ACTIVITIES FOR DIOXIN AND DIOXIN-LIKE COMPOUNDS | | | | | | | | | | | |
| (current year only) | | | | | | | | | | | |
| | 8.1a | 8.1b | 8.1c | 8.1d | 8.2 | 8.3 | 8.4 | 8.5 | 8.6 | 8.7 | 8.8 |
| | Total on-site disposal to Class 1 Underground Injection Wells, RCRA Subtitle C landfills, and other landfills | Total other on-site disposal or other releases | Total off-site disposal to Class 1 Underground Injection Wells, RCRA Subtitle C landfills, and other landfills | Total other off-site disposal or other releases | Quantity used for energy recovery on-site | Quantity used for energy recovery off-site | Quantity recycled on-site | Quantity recycled off-site | Quantity treated on-site | Quantity treated off-site | Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | | | |
| 15 | | | | | | | | | | | |
| 16 | | | | | | | | | | | |
| 17 | | | | | | | | | | | |

EPA Form 9350-3

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| | |
|---|--|
|  TOXICS RELEASE INVENTORY FORM A | |
| WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center P. O. Box 10163 Fairfax, VA 22038 | |
| 2. APPROPRIATE STATE OFFICE OR (See instructions in Appendix E) | |
| TRI Facility ID Number | |
| This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank. | |
| Revision (Enter up to two code(s)) | |
| Withdrawal (Enter up to two code(s)) | |
| IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked. | |
| PART I. FACILITY IDENTIFICATION INFORMATION | |
| SECTION 1. REPORTING YEAR | |
| SECTION 2. TRADE SECRET INFORMATION | |
| 2.1 Are you claiming the toxic chemical identified on page 2 as a trade secret? <input type="checkbox"/> Yes (Answer question 2.2; attach substantiation forms) <input type="checkbox"/> No (Do not answer 2.2; go to Section 3) | |
| 2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "Yes" in 2.1) | |
| SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.) | |
| I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in this statement, the annual reportable amount as defined in 40 CFR 372.27(a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year. | |
| Name and official title of owner/operator or senior management official: | |
| Signature: | |
| Date signed: | |
| SECTION 4. FACILITY IDENTIFICATION | |
| Facility or Establishment Name | |
| TRI Facility ID Number | |
| Physical Street Address | |
| Mailing Address (if different from physical street address) | |
| City/County/State/ZIP Code | |
| City/State/ZIP Code | |
| Country (Non-US) | |
| 4.2 This report contains information for: (Important: Check c or d if applicable) c. <input type="checkbox"/> A Federal facility d. <input type="checkbox"/> GOCO | |
| 4.3 Technical Contact Name | |
| Telephone Number (include area code) | |
| Email Address | |
| 4.4 Public Contact Name | |
| Telephone Number (include area code) | |
| Email Address | |
| 4.5 NAICS Code(s) (6 digits) | |
| Primary | |
| a. b. c. d. e. f. | |
| 4.6 Dun & Bradstreet Number(s) (9 digits) | |
| a. b. | |
| SECTION 5. PARENT COMPANY INFORMATION | |
| 5.1 Name of U.S. Parent Company (for TRI Reporting purposes) | |
| No U.S. Parent Company (for TRI Reporting purposes) <input type="checkbox"/> | |
| 5.2 Parent Company's Dun & Bradstreet Number | |
| NA <input type="checkbox"/> | |

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(IMPORTANT: Read Instructions before completing form; type or use fill-and-print form) Approval Form Approved OMB Number: 2025-0009 Expires: 10/31/2014 Page of

| EPA FORM A | | TRI Facility ID Number |
|--|--|-----------------------------------|
| PART II. CHEMICAL IDENTIFICATION | | |
| Do not use this form for reporting PBT chemicals, including Dioxin and Dioxin-like Compounds* | | |
| SECTION 1. TOXIC CHEMICAL IDENTITY | | Report <u> </u> of <u> </u> |
| 1.1 | CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) | |
| 1.2 | Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) | |
| 1.3 | Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.) | |
| SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above) | | |
| 2.1 | Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) | |
| SECTION 1. TOXIC CHEMICAL IDENTITY | | Report <u> </u> of <u> </u> |
| 1.1 | CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) | |
| 1.2 | Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) | |
| 1.3 | Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.) | |
| SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above) | | |
| 2.1 | Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) | |
| SECTION 1. TOXIC CHEMICAL IDENTITY | | Report <u> </u> of <u> </u> |
| 1.1 | CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) | |
| 1.2 | Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) | |
| 1.3 | Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.) | |
| SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above) | | |
| 2.1 | Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) | |
| SECTION 1. TOXIC CHEMICAL IDENTITY | | Report <u> </u> of <u> </u> |
| 1.1 | CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) | |
| 1.2 | Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) | |
| 1.3 | Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.) | |
| SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above) | | |
| 2.1 | Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) | |

*See the TRI Reporting Forms and Instructions manual for the list of PBT Chemicals (including Dioxin and Dioxin-like Compounds)

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(Make additional copies of this page, if needed)